

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09 754 903	FILING DATE 1-14-01
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51
2							52
3							53
4							54
5							55
6		1					56
7		1					57
8		1					58
9		1					59
10		1					60
11		1					61
12		1					62
13		1					63
14		1					64
15		1					65
16							66
17							67
18							68
19							69
20							70
21							71
22							72
23							73
24							74
25							75
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31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	21						TOTAL IND.
TOTAL DEP.	13						TOTAL DEP.
TOTAL CLAIMS	15						TOTAL

BEST AVAILABLE COPY